



Agency Use

NOI No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM  
**NOI-87**

**Notice of Intent (NOI)  
Pesticide Application  
MTG870000**

This NOI form is to be completed by the owner or operator of pesticide activity to or over water that is eligible for coverage under the Montana Pollutant Discharge Elimination System *General Permit* for Pesticide Application (PGP). **Please read the attached instructions before completing this form.** You must print or type legibly; forms that are not legible, not complete, or unsigned will be returned. You must maintain a copy of the completed NOI form for your records.

**Section A – NOI Status and Application Fee** (*Application fee must be included to be considered complete*)

**NEW PROJECT** - No prior NOI submitted. (*New Project Fee includes first annual fee*).

**Tier I (Less Than Threshold)**

- NEW – Single-county: \$50.00
- NEW – Multi-counties: \$100.00

**Tier II (Greater than Threshold)**

- NEW – Single-county: \$500.00
- NEW – Multi-counties: \$1,200.00

**EXISTING, NOI Number: M T G 8 7** \_ \_ \_ \_

**Tier I (Less Than Threshold)**

- RENEWAL – Single-county: \$25.00
- RENEWAL – Multi-counties: \$50.00

**Tier II (Greater than Threshold)**

- RENEWAL – Single-county: \$250.00
- RENEWAL – Multi-counties: \$600.00

Resubmitted

Modification (renewal permit fee)

Is any part of the activity located on or within the boundaries of Indian Lands?  Yes  No

*\*NOTE: USEPA holds permitting authority for Indian lands in Montana. If all of this activity is within the boundaries of an Indian Reservation, please contact EPA.*

For Tier II (Greater than Threshold) ONLY: Has a written Pesticide Discharge Management Plan (PDMP) been developed for this facility (See Part VIII of the GP)?  Yes  No If No, provide date PDMP will be developed: \_\_\_\_\_

**Section B – Site (Pesticide Activity) Information** (*See instruction sheet*):

Site Name / Pesticide Activity \_\_\_\_\_

Site Location (*County Name*): \_\_\_\_\_

(*Centroid*): Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**Check one, below:**

- Coverage under the PGP for pesticide application within a single county as described above.
- Coverage for multiple counties (*Complete Section D for all additional counties*).

**Will any spray additive/adjuvant be used in conjunction with the pest control project?**

DEQ may require the owner/operator to submit information on the aquatic toxicity, human health impact, and persistence of any spray additive/adjuvants used when there would be a pollutant discharge to waters of the state.

- No, there is no planned spray additive/adjuvant usage.
- Yes, there is planned spray additive/adjuvant usage. If yes, list the products planned for use and provide Safety Data Sheets for each additive/adjuvant proposed for use:

**Section C – Applicant (Owner/Operator) Information**

Owner/Operator Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Applicant contact person (*name, title*) \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant is: (*Check all that apply - see definitions*)  Owner  Operator

Status of Applicant (*Check one*)  Federal  State  Public  Private  Other (*specify*) \_\_\_\_\_

**Standard Industrial Classification (SIC) and North American Industry Classification System (NAICS) Codes**

(Provide the 4-digit SIC and 6-digit NAICS code(s) which best reflects the industry activity for the owner/operator):

SIC Code		Description	NAICS Code		Description
1	__ __ __ __		1	__ __ __ __ __ __	
2	__ __ __ __		2	__ __ __ __ __ __	

**Section D – Additional Pesticide Activity Location Information** (*Only for applicants with multiple counties (up to 20 counties allowed per NOI). Complete one line for each county requested, add an additional page if necessary*)

	Location Name	County ( <i>If different than Location Name</i> )	Application Area Latitude/Longitude ( <i>Centroid</i> )
1	--- See Section B ---		
<b>Note: Only applicants requesting multiple counties need to complete Section D</b>			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**Section E - Pesticide Use Patterns for this establishment** *(complete information for all that apply):*

Use Pattern	Target Pest Description	Projected Annual Treatment Area (Acres)
<input type="checkbox"/> 1. Piscicide or Other Nuisance Animals		
<input type="checkbox"/> 2. Weeds and Algae		
<input type="checkbox"/> 3. Aerial Pest Control (i.e., Forest Canopy)		
4. <i>Mosquitoes and Other Flying Insects</i>		
<input type="checkbox"/> 4a. Chemical Larval Control		
<input type="checkbox"/> 4b. Chemical Adulticide		
<input type="checkbox"/> 4c. Biological Control		
<input type="checkbox"/> 5. Research & Development		
<input type="checkbox"/> 6. Others not classified		

**Section F - Pesticide Activity Location Information**

*Attach a map (or maps) that delineate the potential area(s) of pesticide treatment.*

**Map of Extent of Each Activity Included?**  Yes, topographic  Yes, aerial  Yes, other: \_\_\_\_\_

**Receiving Surface Water(s):**

Within the location(s) identified above, identify which receiving surface waters you are requesting coverage for.

- Coverage is requested for all / any waters within the listed counties.
- Coverage is requested only for the waters identified below.

Receiving Surface Water Name	Pesticide Use Pattern

Coverage is requested for all waters in the specified area EXCEPT for:

**Outstanding Resource Waters (ORWs) and A-Closed Waters:**

Are any of the above waterbodies classified as ORWs or A-Closed Waters *(see instructions)*?  Yes  No

*\*NOTE: Any pesticide discharge into waterbodies classified A-closed or a listed ORW has a threshold of >0 acres and is therefore considered "over threshold" and subject to Tier II requirements.*

**Waterbodies with Impairments:**

Are any of the above waterbodies listed as impaired for any pesticide or pesticide byproduct (including copper) on the 303(d) list accessible under CWAIC *(see instructions)*?  Yes *(continue with next)*  No

If yes, have you ascertained that the pesticide you have chosen does not contain any ingredient listed as a cause of impairment?  Yes  No

**Section G - CERTIFICATION**

**Applicant Information:** This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

**All Applicants Must Complete the Following Certification:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations. [75-5-633, MCA]

**A. Name (Type or Print)**

**B. Title (Type or Print)**

**C. Phone No.**

**D. Signature**

**E. Date Signed**